

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3	2					
4		/				
5	1					
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TOTAL IND.	2					
TOTAL DEP.	12	↔	↔	↔	↔	
TOTAL CLAIMS	14	████████	████████	████████	████████	

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.		↔	↔	↔	↔	
TOTAL CLAIMS		████████	████████	████████	████████	